

Benefits

EMPLOYEE GUIDE 2019



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unexpected.unforgettable.



INTRODUCTION

The City of Columbus has worked with SIHO, your employee benefits administration company, to develop a benefits plan for you and your eligible dependents.

One of the advantages of SIHO is their focus on and attention to customer service. SIHO's helpful staff is ready to assist you with any questions or concerns you may have. Employees are encouraged to contact SIHO by phone at (812) 378-7070 or (800) 443-2980 toll free.

The local customer service staff includes:

- **Member Services**—Representatives who will help you understand your health care benefits and walk you through the claims process with phone and walk-in accessibility.
- **Medical Management**—Nurses are available on-site in Columbus to answer any medical questions you might have or to work with your physician to ensure you receive the highest quality health care.
- **Account Management**—These individuals work with your employer and claims representatives to help them improve the benefit program and to resolve any concerns during the contract period.

Though City of Columbus cannot avoid the impact of rising health care costs, we believe this health care plan will provide many advantages while living within the city's budget demands.

Advantages of the City of Columbus Plan:

- Two health plans - offering a choice in health care coverage
- Preventive health care coverage, with required educational meetings
- Extensive network of in-network providers

Working Spouse Rule:

The purpose of the Working Spouse Rule is to share the costs of the medical, dental and vision expenses with other plans or insurance carriers when the spouse of an Employee is eligible for medical, dental and vision coverage where the spouse is employed. It is the Employer's responsibility to determine who is eligible for this coverage on a non-discriminatory basis.

1. If a spouse of an eligible Employee is employed with a company which offers group medical, dental and vision insurance coverage and that spouse is eligible for that plan, that spouse will not be eligible for this Plan.
2. If the spouse is employed with a company that does not offer group medical, dental and vision coverage and is eligible to be enrolled, the spouse may be enrolled in this Plan as primary at the family rate which is currently in effect. (A statement from the spouse's employer that verifies they have no coverage available with that employer will be required.)*

**Note: Medicare does not count as an employer-sponsored plan for the purposes of this rule.*

TERMS IN THIS BENEFITS GUIDE

Copays – The flat fee charged by the plan for certain services such as emergency room visits or office visits. Copays do not apply to the annual deductible.

Annual Deductible – The amount you pay first before the plan begins paying expenses for covered services.

Coinsurance Stop-Loss – The amount you pay each year in coinsurance before covered expenses are paid at 100% by the Plan. This amount does not include the annual deductible.

Coinsurance – The percentage you pay when you receive care once you have met the annual deductible.

Balance Billing – Provider practice of billing the patient for the difference (or balance) of charges above the amount reimbursed by the health plan. Your plan prohibits participating providers from balance billing except for allowed copayments, coinsurance and deductibles.

Reasonable & Customary – A payment rate based on the fees for medical services charged by health care providers in a specified area (usually a zip code or group of related zip codes).

Out-of-Pocket Maximum - The maximum amount you can pay each year in deductibles, coinsurance and copays for covered services.



Customer Service:

SIHO has customer service representatives available to answer your questions relating to eligibility, benefits and claim status. You can also log on to their website and click on *Contact Us* to reach a customer service representative.

Phone: Local: 812.378.7070 Toll Free: 800.443.2980
Website: www.siho.org
Address: 417 Washington Street
P.O. Box 1787
Columbus, IN 47202-1787

To find out if your provider is part of the SIHO Network or to find a provider in the SIHO Network, call SIHO Customer Service or log on to the website to do a search: www.siho.org

SUMMARY OF HEALTH CARE BENEFITS - OPTION 1 PREFERRED PROVIDER PLAN

Your Plan Features	Option 1 - Preferred Provider Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
Annual Maximum	Unlimited		
Calendar Year Deductible			
Individual	\$750	\$750	\$750
Family	\$1,500	\$1,500	\$1,500
<p>* The Preferred Provider Plan (Option 1) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible of \$750 and the remaining family member(s) can accumulate the remaining \$750 to meet the \$1,500 deductible. The High Deductible Health Plan (Option 2) has a <i>non-embedded</i> deductible. For family policies, <i>the individual deductible is non-applicable</i> — this means that claims of <i>either</i> one family member <i>or</i> claims accumulated by more than one member needs to meet the family deductible of \$3,000 before the plan pays. However, the maximum out-of-pocket will never exceed \$4,750 for one individual.</p>			
Calendar Year Coinsurance Stop Loss Maximum			
Individual	\$4,000	\$4,000	\$4,000
Family	\$8,000	\$8,000	\$8,000
Maximum Out-of-Pocket			
Individual	\$4,750	\$4,750	\$4,750
Family	\$9,500	\$9,500	\$9,500
Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa			
Hospital Room, Services, Supplies	80% after deductible	70% after deductible	60% after deductible
Inpatient Surgery	80% after deductible	70% after deductible	60% after deductible
Emergency Room Facility Charges (\$150 copay applies if non-emergency)	80% after deductible	70% after deductible	60% after deductible
Urgent Care	80% after deductible	70% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	70% after deductible	60% after deductible
Office Visits	80% after deductible	70% after deductible	60% after deductible
Preventive Health Benefit	100% covered-subject to Preventive Health Benefits Guidelines		
Dental Cleaning - 2 per year	100%		
Diagnostic X-Ray and Lab	80% after deductible	70% after deductible	60% after deductible
Columbus Regional Hospital Lab Program (this includes the CRH Lab at Sandcrest, Prompt Med or any provider who sends labs to these facilities. This does not include the lab located within the hospital.)	100% no deductible	100% no deductible	NA

SUMMARY OF HEALTH CARE BENEFITS - OPTION 1 PREFERRED PROVIDER PLAN

Your Plan Features	Option 1 - Preferred Provider Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
Ambulance	80% after deductible	70% after deductible	60% after deductible
Inpatient Mental Health and Substance Abuse	80% after deductible	70% after deductible	60% after deductible
Outpatient Mental Health and Substance Abuse	80% after deductible	70% after deductible	60% after deductible
Physical, Speech & Occupational Therapy	80% after deductible	70% after deductible	60% after deductible
Chiropractic Services	80% after deductible	70% after deductible	60% after deductible
	Annual Maximum: 30 visits		
Durable Medical Equipment	80% after deductible	70% after deductible	60% after deductible
	Precertification required for purchases over \$750 and all rentals		
Hospice Care	80% after deductible	70% after deductible	60% after deductible
	Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient		
Home Health Care Outpatient	100% no deductible	100% no deductible	100% no deductible
	Precertification required; Annual max 100 visits		
Other Covered Benefits	80% after deductible	70% after deductible	60% after deductible

YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose and your level of coverage. The following table shows your contribution for Option 1.

Employee Premiums	Option 1
Individual Coverage 26 pay periods	\$40.94
Employee +Spouse Coverage 26 pay periods	\$80.82
Employee +Child(ren) Coverage 26 pay periods	\$69.19
Family Coverage 26 pay periods	\$90.79

SUMMARY OF HEALTH CARE BENEFITS - OPTION 2 HDHP

Your Plan Features	Option 2 - High Deductible Health Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
Annual Maximum	Unlimited		
Calendar Year Deductible			
Individual	\$1,500	\$1,500	\$1,500
Family	\$3,000 Deductible is non-embedded*	\$3,000 Deductible is non-embedded*	\$3,000 Deductible is non-embedded*
<p>* The Preferred Provider Plan (Option 1) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible of \$750 and the remaining family member(s) can accumulate the remaining \$750 to meet the \$1,500 deductible. The High Deductible Health Plan (Option 2) has a <i>non-embedded</i> deductible. For family policies, <i>the individual deductible is non-applicable</i> — this means that claims of <i>either</i> one family member <i>or</i> claims accumulated by more than one member needs to meet the family deductible of \$3,000 before the plan pays. However, the maximum out-of-pocket will never exceed \$4,750 for one individual.</p>			
Calendar Year Coinsurance Stop Loss Maximum			
Individual	\$3,250	\$3,250	\$3,250
Family	\$6,500	\$6,500	\$6,500
Maximum Out-of-Pocket			
Individual	\$4,750	\$4,750	\$4,750
Family	\$9,500	\$9,500	\$9,500
	Copays accumulate toward the maximum out-of-pocket	Copays accumulate toward the maximum out-of-pocket	Copays accumulate toward the maximum out-of-pocket
	Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa		
Hospital Room, Services, Supplies	80% after deductible	70% after deductible	60% after deductible
Inpatient Surgery	80% after deductible	70% after deductible	60% after deductible
Emergency Room Facility Charges (\$150 copay applies if non-emergency)	80% after deductible	70% after deductible	60% after deductible
Urgent Care	80% after deductible	70% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	70% after deductible	60% after deductible
Office Visits	80% after deductible	70% after deductible	60% after deductible
Preventive Health Benefit	100% covered-subject to Preventive Health Benefits Guidelines		
Dental Cleaning - 2 per year	NA		
Diagnostic X-Ray and Lab	80% after deductible	70% after deductible	60% after deductible
Columbus Regional Hospital Lab Program (this includes the CRH Lab at Sandcrest, Prompt Med or any provider who sends labs to these facilities. Including labs performed directly at CRH.	80% after deductible	N/A	N/A

SUMMARY OF HEALTH CARE BENEFITS - OPTION 2 HDHP

Your Plan Features	Option 2 - High Deductible Health Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
Ambulance	80% after deductible	70% after deductible	60% after deductible
Outpatient Mental Health and Substance Abuse	80% after deductible	70% after deductible	60% after deductible
Physical, Speech & Occupational Therapy	80% after deductible	70% after deductible	60% after deductible
Chiropractic Services	80% after deductible	70% after deductible	60% after deductible
	Annual Maximum: 30 visits		
Durable Medical Equipment	80% after deductible	70% after deductible	60% after deductible
	Precertification required for purchases over \$750 and all rentals		
Hospice Care	80% after deductible	70% after deductible	60% after deductible
	Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient		
Home Health Care Outpatient	80% after deductible	70% after deductible	60% after deductible
	Precertification required; Annual max 100 visits		
Other Covered Benefits	80% after deductible	70% after deductible	60% after deductible

YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose and your level of coverage. The following table shows your contribution for Option 2.

Employee Premiums	Option 2
Individual Coverage 26 pay periods	\$31.32
Employee +Spouse Coverage 26 pay periods	\$60.98
Employee +Child(ren) Coverage 26 pay periods	\$49.95
Family Coverage 26 pay periods	\$71.93

SUMMARY OF PRESCRIPTION DRUG COVERAGE

Your Plan Features*	Option 1 - Preferred Provider Plan		Option 2 - High Deductible Health Plan*	
	Retail Service (30 day supply)	Mail Order Service (90 day supply)	Retail Service (30 day supply)	Mail Order Service (90 day supply)
<i>Generic</i>	\$10	\$25	80% after deductible	80% after deductible
<i>Brand</i>	\$30	\$60	80% after deductible	80% after deductible
<i>Non Formulary Brand</i>	\$50	\$120	80% after deductible	80% after deductible

* Prescription Drugs listed on the High Deductible Health Plan Health Savings Account Preventive Therapy Drug List will be covered at the appropriate coinsurance and not subject to the annual deductible.

An important part of any medical plan is prescription drug coverage. You receive coverage for both generic and brand name drugs, but you pay less for brand name drugs that are a part of the plan's formulary, or preferred drug list. The plan's formulary drugs are chosen by the plan based on their quality, safety, and cost-effectiveness.

You also have the option to take advantage of the Mail Order Service program. By using the mail order program you can receive 90 days of medication for less than the cost of three 30-day prescription fills at a retail pharmacy. This saves you time and money.

Effective 2/1/18, in conjunction in Indiana State Law, physicians cannot prescribe more than a 7 day supply of Opioids for patients who have not taken opioids previously and for patients under the age of 18. Future fills will require a letter of medical necessity from the physician to be submitted to SIHO Medical Management for approval.

HSA CONTRIBUTIONS

For those employees choosing a Health Savings Account (HSA) option, the City will make one payment into the employee's HSA account for the first year that the employee enrolls in the High Deductible Health Plan. The employee is eligible for this benefit only one time while covered under the City's Health Plan. This payment will be made only for those employees actively employed by the City at the time of the payment and for employees who are working 30 or more hours per week. The payment will be made the first month of enrollment.

\$1,500/\$3,000 Plan

\$250 Single

\$350 Employee + Spouse

\$350 Employee + Child(ren)

\$500 Family

You may contribute to your HSA the maximum amount as determined by the IRS, regardless of your plan's deductible. The maximum for 2019 is \$3,500** for individuals and \$7,000 for families. If you have not been working at the City of Columbus long enough to receive a paycheck, you will not be eligible for the employer HSA contribution amount indicated above.

**Individuals who are 55 or older and covered under a high deductible health plan are eligible for an additional \$1,000 "catch-up" contribution for 2018.

The IRS only allows "embedded" deductibles for family HSA plans whose individual deductibles satisfy the minimum family deductible as determined by the IRS (\$2,700). Since the \$1,500 HSA plan's family deductible is \$3,000, the \$3,000 must be met by either an individual or family combined before benefits will start.

Early retirees are eligible to enroll in the High Deductible Health Plan but are not eligible for the employer contribution to the Health Savings Account.

The bank account connected to the City of Columbus HSA Plans is through First Financial Bank. If you are enrolling in an HSA for the first time, shortly after you submit your enrollment form, you will receive instructions on how to setup your First Financial HSA Account.

First Financial Bank offers great banking benefits to City of Columbus Employees such as Online Receipt Storing and Online Banking and Bank to Bank Transfers.

Why Choose an HSA Plan?

An HSA is a bank account where tax-free deposits are made to pay for qualified medical expenses. Withdrawals from your HSA are also tax free as long as the funds are used for qualified medical expenses. There are many advantages to enrolling in a qualified High Deductible Health Plan and opening a HSA bank account.

You are eligible to enroll in one of the City of Columbus Employee HSA Plans if you meet the following requirements:

- Have no other first-dollar medical coverage. This means you cannot be covered as secondary under a plan that is not a qualified High Deductible Plan.
- Are not enrolled in Medicare. Medicare eligible persons who do not enroll in Medicare may have an HSA if they are covered by a qualified High Deductible Health Plan.
- Cannot be claimed as a dependent on someone else's tax return

What are the benefits of an HSA?

- Your high deductible insurance and HSA protect you against high or unexpected medical bills
- Your health insurance premiums are lower
- SIHO pays 100% of covered preventive care services received in-network. You do not need to meet the deductible for covered preventive care services.
- You can use the funds in your account to pay for the following:
 - Medical Expenses including expenses that are not covered under the SIHO Medical Plan (See IRS Publication 502)
 - All options under IRS Publication 502
 - Long-Term Care Insurance
 - Dental and Vision expenses
 - Medical expenses after retirement (before Medicare)
 - Out-of-pocket expenses when covered by Medicare
- You can save the money in your account for future medical expenses and grow your account through investment earnings. HSA earnings grow tax-free.
- Your HSA is completely portable. Funds in your HSA belong to you and are always 100% vested. There are no "use it or lose" rules for HSAs.
- Unlike contributions into an HSA, an individual need not be covered by an HDHP to make withdrawals from the HSA. For example, an employee that is qualified to contribute to an HSA can use the funds to pay for medical expenses for a qualified dependent even if the dependent is not covered under an HDHP.

Paying for medical expenses:

Here are a few simple tips to keep in mind:

- When you receive services from a physician or hospital, present your SIHO Identification Card just as you would with a traditional plan. Use of the ID Card ensured that the claims will be submitted to SIHO and that a provider network discount will be taken. This saves money for you! Most providers will not require payment from you at the time of service; they will bill SIHO and wait for payment determination from SIHO before billing you.
- Qualified healthcare expenses may be paid with your HSA money, or you may pay out-of-pocket and continue to save in your HSA.
- Your HSA works like a checking account with withdrawals limited only by the account balance.
- After you open your HSA, you have the option to receive a First Financial Debit Card. This card can be used to pay for qualified expenses anywhere it is accepted. You may also setup bill-payer and pay your medical bills online with First Financial.
- Receipts of where you spend your HSA funds are required by the IRS. You do not need to submit a receipt to the bank to receive reimbursement.
- However, you need to keep the receipt for 7 years with your other tax reporting paperwork.

Health Savings Account Example

How a Health Savings Account saves you money!

	PPO Plan (\$1,500 Family Deductible)	HSA (\$3,000 Family Deductible)
Annual Premium	\$2,360.54	\$1,870.18
Employee HSA Deposit	\$0	\$750
City of Columbus HSA Match	\$0	\$500
*Assumed Annual Medical –750 expenses not covered by insurance	\$750 (paid out of pocket)	\$750 (paid from HSA Account)
Total Employee Cost	\$3,110.54	\$2,620.18
HSA Account Balance at end of year	\$0	\$500 (\$750 EE & \$500 City of Columbus Deposit minus \$750 Expenses = \$500)

High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

Preventive Therapy Drug List

(08/01/18)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS
TRUVADA 200/300 mg

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS
enoxaparin
fondaparinux
warfarin
Jantoven
ARIXTRA
BEVYXXA
COUMADIN
COUMADIN INJECTION
ELIQUIS
FRAGMIN
IPRIVASK
LOVENOX
PRADAXA
SAVAYSA
XARELTO

PLATELET AGGREGATION INHIBITORS

aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
AGGRENOX
BRILINTA
CLOPIDOGREL KIT
DURLAZA
EFFIENT
PLAVIX
YOSPRALA
ZONTIVITY

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital

phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
APTIOM
BANZEL
BRIVIACT
CARBATROL
CELONTIN
DEPAKENE
DEPAKOTE
DEPAKOTE ER
DILANTIN
FELBATOL
FYCOMPA
GABITRIL
KEPPRA
KEPPRA XR
KLONOPIN
LAMICTAL
LAMICTAL XR
MYSOLINE
ONFI
OXTELLAR XR
PEGANONE
PHENYTEK
QUDEXY XR
ROWEEPRA
SABRIL
SPRITAM
TEGRETOL
TEGRETOL-XR
TOPAMAX
TRILEPTAL
TROKENDI XR
VIMPAT
ZARONTIN
ZONEGRAN

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
dofetilide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF

Faccerone
BETAPACE
BETAPACE AF
MULTAQ
NORPACE
NORPACE CR
RYTHMOL SR
SORINE
SOTYLIZE
TIKOSYN

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide dinitrate ext-rel
isosorbide mononitrate
isosorbide mononitrate ext-rel
DILATRATE-SR
ISORDIL

SL and chewable formulations are not included
on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran
NITRO-BID
NITRO-DUR

CORONARY ARTERY DISEASE

ANTIHYPERTENSIVES

atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
lovastatin
niacin ext-rel
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite
ALTOPREV
ANTARA
COLESTID
CRESTOR
FENOGLIDE
FIBRICOR
FLOLIPID

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.
106-1038894B 080118

KYNAMRO
LESCOL XL
LIPITOR
LIPOFEN
LIVALO
LOPID
NIASPAN
PRAVACHOL
QUESTRAN/QUESTRAN LIGHT
TRICOR
TRIGLIDE
TRILIPIX
WELCHOL
ZETIA
ZOCOR
ZYPITAMAG

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin
CADUET
VYTORIN

DIABETES

DIAGNOSTIC AGENTS AND SUPPLIES

BLOOD GLUCOSE MONITORS - ALL
BLOOD GLUCOSE STRIPS - ALL
CONTROL SOLUTIONS
INSULIN SYRINGES, INFUSION SETS,
AND NEEDLES - ALL
KETONE BLOOD TEST STRIPS - ALL
LANCETS, LANCET DEVICES
OMNIPOD INSULIN INFUSION PUMP
URINE TESTING STRIPS - ALL
V-GO INSULIN DELIVERY DEVICE

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

INHALED DIABETES AGENTS

AFREZZA

INJECTABLE DIABETES AGENTS

ADLYXIN
ADMELOG
APIDRA
BASAGLAR KWIKPEN
BYDUREON
BYETTA
FIASP
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG
OZEMPIC
SOLIQUA
SYMLINPEN
TANZEUM
TOUJEO
TRESIBA

TRULICITY
VICTOZA
XULTOPHY

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Coverage may vary by plan.*

ORAL DIABETES AGENTS

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
chlorpropamide
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
repaglinide/metformin
tolbutamide
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS
AMARYL
D-CARE DM2 KIT
DUETACT
FARXIGA
FORTAMET
GLUCOPHAGE
GLUCOPHAGE XR
GLUCOTROL
GLUCOTROL XL
GLUCOVANCE
GLUMETZA
GLYNASE
GLYSET
GLYXAMBI
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
KAZANO
KOMBIGLYZE XR
METAGLIP
NESINA
ONGLYZA
OSENI
PRANDIN

PRECOSE
QTERN
RIOMET
SEGLUROMET
STARLIX
STEGLATRO
STEGLUJAN
SYNJARDY
SYNJARDY XR
TRADJENTA
XIGDUO XR

HEMATOLOGIC AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN
BENEFIX
CORIFACT
ELOCTATE
FEIBA
HELIXATE FS
HEMOFIL M
HUMATE-P
IDELVION
IXINITY
KOATE-DVI
KOGENATE FS
KOVALTRY
MONOCALATE-P
MONONINE
NOVOEIGHT
NUWIQ
PROFILNINE SD
RECOMBIMATE
RIXUBIS
TRETTEEN
XYNTHA

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide

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106-1038894B 080118

losartan
losartan/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide
 ACCUPRIL
 ACCURETIC
 ALTACE
 ATACAND
 ATACAND HCT
 AVALIDE
 AVAPRO
 BENICAR
 BENICAR HCT
 COZAAR
 DIOVAN
 DIOVAN HCT
 EDARBI
 EDARBYCLOR
 EPANED
 HYZAAR
 LOTENSIN
 LOTENSIN HCT
 LOTREL
 MICARDIS
 MICARDIS HCT
 PRESTALIA
 PRINIVIL
 QBRELIS
 TARKA
 VASERETIC
 VASOTEC
 ZESTORETIC
 ZESTRIL

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nadolol/bendroflumethiazide

pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate
 BYSTOLIC
 BYVALSON
 COREG
 COREG CR
 CORGARD
 CORZIDE
 DUTOPROL
 INDERAL LA
 LEVATOL
 LOPRESSOR
 LOPRESSOR HCT
 TENORETIC
 TENORMIN
 TOPROL-XL
 TRANDATE
 ZIAC

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Afeditalab CR
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC
Taztia XT
 ADALAT CC
 CALAN
 CALAN SR
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
 ISOPTIN SR
 NORVASC
 PROCARDIA
 PROCARDIA XL
 SULAR
 TIAZAC
 VERELAN
 VERELAN PM

DIURETICS

amiloride/hydrochlorothiazide
chlorothiazide
chlorthalidone
hydrochlorothiazide

indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
 ALDACTAZIDE
 DIURIL
 DYAZIDE
 MAXZIDE
 MICROZIDE

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/ hydrochlorothiazide
clonidine
clonidine transdermal
guanabenz
guanfacine
hydralazine
methyl dopa
methyl dopa/hydrochlorothiazide
minoxidil
olmesartan/amlodipine/ hydrochlorothiazide
 AZOR
 CATAPRES
 CATAPRES-TTS
 EXFORGE
 EXFORGE HCT
 TEKTRUNA
 TEKTRUNA HCT
 TRIBENZOR
 TWYNSTA

IMMUNIZING AGENTS

ALLERGENIC EXTRACTS
 ALLERGENIC EXTRACTS - ALL

IMMUNIZATIONS

VACCINES - ALL

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
maprotiline

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mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
Irenka
ANAFRANIL
APLENZIN
CELEXA
CYMBALTA
DESVENLAFAXINE ER
EFFEXOR XR
EMSAM
FETZIMA
FLUOXETINE 60 mg
FORFIVO XL
KHEDEZLA
LEXAPRO
MARPLAN
NARDIL
NORPRAMIN
OLEPTRO
PAMELOR
PARNATE
PAXIL
PAXIL CR
PEXEVA
PRISTIQ
PROZAC
REMERON
SURMONTIL
TOFRANIL
TRINTELLIX
VENLAFAXINE ER
VIIBRYD
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT

ANTIPSYCHOTICS

aripiprazole
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine

thiothixene
trifluoperazine
ziprasidone
ABILIFY
ABILIFY MAINTENA
ARISTADA
CLOZARIL
EQUETRO
FANAPT
FAZACLO
GEODON
HALDOL
HALDOL DECANOATE
INVEGA
INVEGA SUSTENNA
INVEGA TRINZA
LATUDA
REXULTI
RISPERDAL
RISPERDAL CONSTA
SAPHRIS
SEROQUEL
SEROQUEL XR
VERSACLOZ
VRAYLAR
ZYPREXA
ZYPREXA ZYDIS

OBSESSIVE COMPULSIVE DISORDER

fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene
risedronate
zoledronic acid 5 mg/100 mL
ACTONEL
ATELVIA
BINOSTO
BONIVA
BONIVA INJECTION
EVISTA
FOSAMAX
FOSAMAX PLUS D
MIACALCIN NASAL SPRAY
PROLIA
RECLAST

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/haloxone sublingual
disulfiram
naltrexone
Depade
ANTABUSE
BUNAVAIL

PROBUPHINE
SUBLOCADE
SUBOXONE FILM
VIVITROL
ZUBSOLV

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
phendimetrazine
phendimetrazine ext-rel
phentermine
ADIPEX-P
BELVIQ
BELVIQ XR
CONTRAVE
LOMAIRA
QSYMIA
REGIMEX
SAXENDA
XENICAL

BOWEL PREPARATIONS

peg 3350/electrolytes
Gavilyte
CLENPIQ
COLYTE
GOLYTELY
MOVIPREP
NULYTELY
OSMOPREP
PREPOPIK
SUPREP

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrifex
nicotine transdermal
CHANTIX
NICODERM CQ
NICORETTE GUM
NICORETTE LOZENGE
NICOTROL INHALER
NICOTROL NS
ZYBAN

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

MISCELLANEOUS

cholecalciferol (D3)

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

RESPIRATORY DISORDERS

RESPIRATORY AGENTS
budesonide suspension
cromolyn sodium nebulizer solution
fluticasone/salmeterol
montelukast

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zafirlukast
zileuton ext-rel
ACCOLATE
ADVAIR
ADVAIR HFA
AIRDUO RESPICLICK
ALVESCO
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
BREQ ELLIPTA
CINQAIR
DULERA
FASENRA
FLOVENT DISKUS
FLOVENT HFA
NUCALA
PULMICORT
PULMICORT FLEXHALER
QVAR
SINGULAIR
SPIRIVA RESPIMAT 1.25 mcg
SYMBICORT
SYNAGIS
XOLAIR
ZYFLO
ZYFLO CR

SUPPLIES
SPACER DEVICES
SPACER SUPPLIES

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS
atovaquone/proguanil
chloroquine
mefloquine

MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION
sodium fluoride
PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED
PRODUCTS

HEREDITARY ANGIOEDEMA AGENTS
CINRYZE
HAEGARDA

IMMUNOSUPPRESSIVE AGENTS
cyclosporine caps
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf
ASTAGRAF XL
CELLCEPT
ENVARUS XR
MYFORTIC
NEORAL
NULOJIX
PROGRAF
RAPAMUNE
SANDIMMUNE
ZORTRESS

MULTIPLE SCLEROSIS AGENTS
glatiramer
AUBAGIO
AVONEX
BETASERON
COPAXONE
EXTAVIA

GILENYA
LEMTRADA
OCREVUS
PLEGRIDY
REBIF
TECFIDERA
TYSABRI
ZINBRYTA

WOMEN'S HEALTH

ANTIESTROGENS
tamoxifen
SOLTAMOX

AROMATASE INHIBITORS
anastrozole
exemestane
letrozole
ARIMIDEX
AROMASIN
FEMARA

CONTRACEPTIVES
CONTRACEPTIVES - ALL
PRESCRIPTION FORMULATIONS

Over-the-Counter (OTC) emergency contraceptive products require a prescription. Coverage may vary by plan.

PRENATAL VITAMINS

folic acid
PRENATAL VITAMINS -
PRESCRIPTION

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

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Preventative Health Benefit

These benefits are fully compliant with the Affordable Care Act (PPACA).

Wellness Exam:

Men - One per year

Women - One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations

Vaccine	AGE>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-18 years	16-18 years
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap		Tdap		
Human Papillomavirus														HPV 3 Doses		
Meningococcal											MCV					
Influenza						Influenza (yearly)										
Pneumococcal				PCV	PCV	PCV	PCV				PPSV					
Hepatitis A						Hep A 2 Doses				Hep A Series						
Hepatitis B		Hep B	Hep B			Hep B							Hep B Series			
Inactivated Poliovirus				IPV	IPV	IPV						IPV				
Measles, Mumps, Rubella						MMR						MMR				
Varicella*						Varicella						Varicella				
Rotavirus				RV	RV	RV										
Haemophilus Influenzae Type B				HIB	HIB	HIB	HIB									
Meningococcal B																MenB 2 Doses

Note: Preferred age for vaccine is indicated where specific vaccine is listed in colored box.

*Varicella expanded for 2nd dose to age 65.

Services for Children

Service	Age Group	Screening/Assessment	Frequency
<ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) 	Newborns	Developmental/ Behavioral Assessment/Autism	All Ages
Fluoride Supplement	Children without fluoride in water source	Hematocrit or Hemoglobin Screening	All Ages
Iron Screening and Supplementation	All Ages	Lead Screening	For children at risk of exposure
HIV Screening	Age 12 and above	Screening for latent tuberculosis infection	Children determined at risk
Visual Acuity	Up to Age 5	Dyslipidemia Screening	All Ages
Oral Dental Screening	During PHB visit	Height, Weight and Body Mass Index measurements	All Ages
Urinalysis	All Ages	Medical History	All Children throughout development

Services for Pregnant Women

Aspirin	For Those At Risk
HIV	Screening
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (between 24 & 28 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis Screening	Lab test
Breast Feeding Interventions*	Counseling, Support & Supplies
Nicotine*	Counseling
Folic Acid	Women capable of becoming pregnant

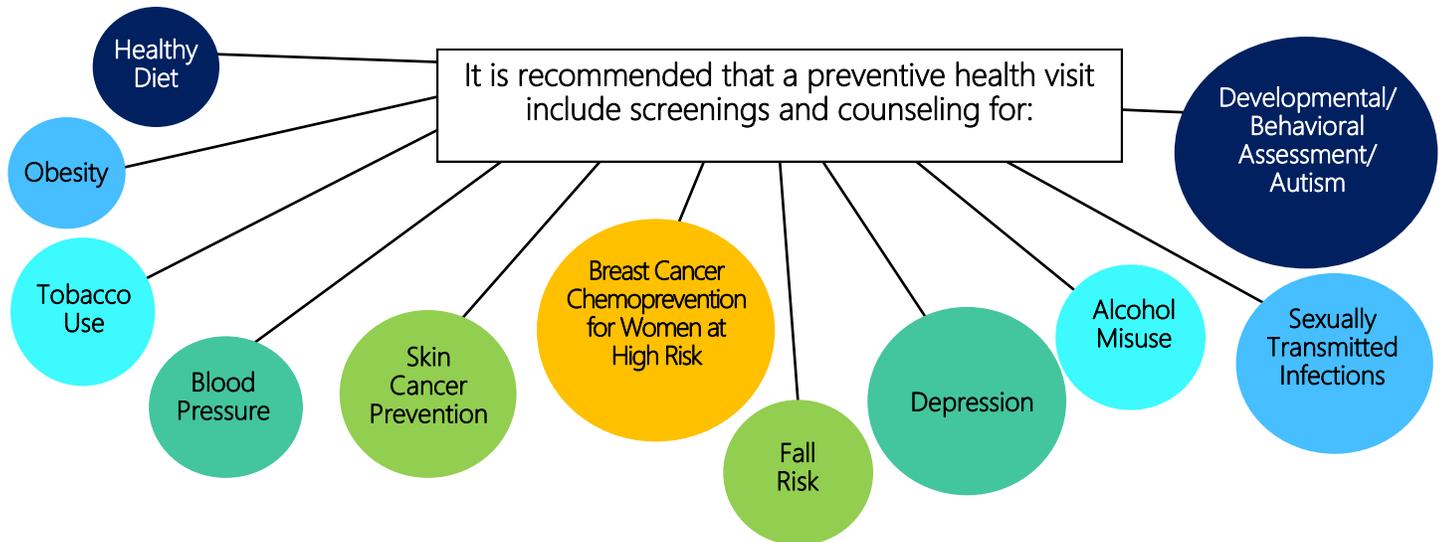
Services for All Women

Domestic Violence Screening & Counseling	Annually
Contraceptive Methods*	Covered unless religious exemption applies

Adult Immunizations	
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18
Human Papillomavirus	Women and Men to age 26
Meningococcal	2 doses ages 19+
Influenza	Every year
Pneumococcal	1 dose age 19+
Hepatitis A	2 to 3 doses/lifetime
Hepatitis B	3 doses/lifetime
Shingles*	Shingrix: 2 doses after age 50 Zostavax: 1 dose after age 50
Measles, Mumps and Rubella*	Once after age 19 (up to two vaccinations per lifetime)
Tamoxifen/Raloxifene	At risk Women
Varicella	2 doses to age 65
Meningococcal B	2 doses, if not done between ages 16-18

Adult Procedures/Services	
Bone Density Scan	Every 2 years age 60 or older
Mammogram - including 3D	Baseline - women, once between ages 35 - 39
Mammogram - including 3D	Yearly for women over 40
BRCA (letter of medical necessity required)	Women genetically at high risk of breast cancer
Sigmoidoscopy	Every 3 years after age 50
Colonoscopy	Every 10 years after age 50
Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65 - 75
Low Dose Aspirin	At risk initiate treatment ages 50-59
Lung Cancer Screening	At risk Ages 55 - 80
Statin Preventative Medication	At risk Ages 40-75

Adult Labs	
Lipid Panel	Yearly
Total Serum Cholesterol	Yearly
PSA	Yearly Men over 50
Pap Smear/Thin Prep Pap Test	Yearly
Fecal Occult Testing	Yearly after age 50
Highly Sensitive Fecal Occult Blood Testing	Every three years after age 50
FBS (Fasting Blood Sugar)	Yearly
Hgb A1C	Yearly
HIV Testing	Yearly after age 15
Human Papillomavirus DNA Testing	Yearly
Syphilis Screening	At risk
Chlamydia Infection Screening	Yearly - All ages
Gonorrhea Screening	Yearly - All ages
Hepatitis B & Hepatitis C Screenings	Yearly
Urinalysis	Yearly
Screening for latent tuberculosis infection	At risk
Vitamin D Deficiency Screening	Yearly after age 40



The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/ frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

TAKING ADVANTAGE OF FLEXIBLE SPENDING ACCOUNTS (FSAs)

A great way to save on your health care and dependent care expenses is by taking advantage of the Flexible Spending Accounts (FSAs), including the:

- Health Care FSA and
- Dependent Care FSA

Health Care FSA*

The Health Care FSA gives you a smart way to save on eligible expenses not covered by the new program by allowing you to set aside money on a pre-tax basis to pay for these expenses. Some examples of eligible expenses include:

- Deductibles for medical and dental plans
- Physician's fees
- Laboratory fees
- Prescription glasses or contacts
- Prescription drug co-pays
- Some types of medical equipment or supplies
- Surgical or diagnostic services

An FSA allows you to set aside up to \$2,650** on a pre-tax basis that can be used for non-reimbursed health care expenses for you and your qualified dependents throughout the year. Here's how it works:

First, decide how much you want to contribute. A regular amount will be automatically deducted from each paycheck for the entire year. SIHO makes the elected funds available at the beginning of the plan year and funds are reimbursed to you as expenses are submitted up to the amount elected for the year.

Then, when you or a qualified dependent have eligible expenses not covered by the benefits program OR any or all health benefits are exhausted, your FSA administrator reimburses you from your flexible spending account. Your expenses are reimbursed from your account and you avoid the taxes you would otherwise pay on that money.

*** If you are participating in the HSA Qualified Plan, you are only eligible to participate in a *limited purpose* Health Care FSA. This means that you will only be able to submit Dental and Vision expenses.**

Dependent Care FSA

The Dependent Care FSA works like the Health Care FSA. It allows you to set aside up to \$2,500 each year on a pre-tax basis for reimbursable day care expenses, such as fees for a licensed day care center or adult day care, for eligible dependents (\$5,000 maximum for the head of household or a joint tax return and \$2,500 maximum for married, separately filed tax returns).

**The FSA Amount is subject to change per Federal Guidelines. Please refer to the IRS website for further information.

Important FSA Facts:

There are restrictions imposed by the federal government that you need to keep in mind before participating in an FSA:

- You cannot stop, start, or change the amount of money you contribute during the year unless you experience a Qualified Life Event change. If this occurs, then your change must be consistent with your qualified life event change. Under the Dependent Care FSA, a Cost of Coverage change is eligible for contribution adjustments.
- You may use the money in your account to pay for expenses you or your dependents incur only during the same calendar year. Any money remaining in your account, after you have applied for reimbursement for the year, is forfeited and cannot be returned for any reason. For FSA accounts ending in 2018, the Internal Revenue Service will allow participants to roll over a maximum of \$500 to the next plan year.
- Your Health Care and Dependent Care FSAs are separate. You cannot transfer money between the two accounts.
- When submitting claims, you must attach an itemized receipt (cancelled checks do not qualify as a valid receipt). An EOB, or Explanation of Benefits, can be submitted for reimbursement.

FLEXCARE (FSA) - OPTIONAL

Premium and Flexible Spending Accounts Illustration:

<u>Pre-Tax With FLEXCARE</u>		<u>After Tax Without FLEXCARE</u>	
\$1,000	Your pay check	\$1,000	Your pay check (taxable amount)
- 150	Dependent Care	- 250	Tax*
- 20	Medical Reimbursement	\$ 750	
\$ 830	Taxable Amount	- 150	Dependent Care**
- 207	Tax*	- 20	Medical Expenses (if eligible)**
\$ 623 Spendable Income		\$ 580 Spendable Income	

**Per Payroll Savings
\$43.00**

**Annual Savings
\$1,118.00**

*Based on a 25% tax bracket. Your actual tax savings could vary.

** If you would incur these expenses.

Flex Benefits Debit Card

The **take care**™ flex benefits debit card allows a participant to use the card at the point of purchase to pay for qualified expenses instead of using their personal funds and waiting for reimbursement.

Advantages:

- Significant reduction in number of claims to submit for reimbursement
- Convenient access to your plan dollars at the point of purchase

The Pre-Tax Advantage

Don't forget that the money you contribute toward your medical and dental coverage is paid on a pre-tax basis (except for non-qualified domestic partners). This means that:

- The costs for your benefits are deducted from your paycheck before you pay any federal income or Social Security taxes (except for non-qualified domestic partners).
- This deduction reduces your taxable income – the amount on which you pay taxes.
- Reduced income tax means you have more take-home pay.

As a feature of your health care benefits, SIHO provides **secure** internet access to give you information you need anytime you need it. Some of these features include:

Claims

SIHO provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the SIHO claims processing system.

Utilization

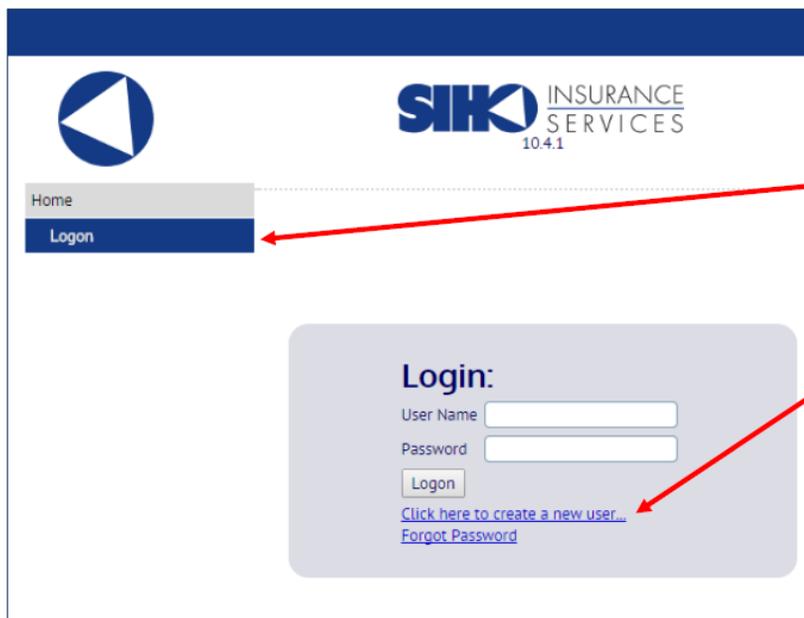
View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

Provider Lookup

Search for healthcare providers in your network by Specialty, Name or Location.

Plan Documents

Verify benefits related to your current plan.



Visit <https://my.siho.org/> to access the Member Access Portal.

Select Logon.

If you are a new user, select **“Click here to create a new user id”** and follow the on-screen instructions.

You may be directed to select a specific health plan when creating your account. If you are unsure which plan you should select, please contact **SIHO Member Services: 800.443.2980**

After creating your user name and password, you can access the following information

Menu Option	Function
Claim Status	Check the status of past & pending claims
Check Utilizations	View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage
Find Providers	Locate healthcare providers in your network
Request ID Card	Print or request new ID Cards
Talk to Us	Contact our Customer Service Department
Email Options	Elect to receive email only notifications when Explanation of Benefits (EOBs) are available

Claim Status Screen



Member: KENNETH J SAMPLETON 123456789 SIHOEMP

Search: (Please fill out the search criteria)

Claim Type: Claims | Claim Status: ALL | Date Criteria: Date Received: 01/01/2015 | Date From: 6/1/2015 | Date To: Refresh

9 Claims (9) found	Claim Number	Provider Number	Provider Last Name	Provider First Name	Patient Account Number	Ref. CL#	Claim Status	Service Date From	Service Date To	Total Charges	Date Rejected
	0000193272	008717	CAREMARK - RETAIL		150154716702045999		Historical	1/23/2015	1/23/2015	\$34.39	1/23/2015
	0000193180	008717	CAREMARK - RETAIL		150154718225054999		Historical	1/23/2015	1/23/2015	\$50.37	1/23/2015
	0000193264	008717	CAREMARK - RETAIL		1501547162826097999		Historical	1/23/2015	1/23/2015	\$181.45	1/23/2015
	0000193382	008717	CAREMARK - RETAIL		150134801171209999		Historical	1/23/2015	1/23/2015	\$4.90	1/23/2015
	0000193284	008717	CAREMARK - RETAIL		150154641931220998		Historical	1/23/2015	1/23/2015	\$120.24	1/23/2015
	0000193324	008717	CAREMARK - RETAIL		150134718848070999		Historical	1/23/2015	1/23/2015	\$32.20	1/23/2015
	0000193284	008717	CAREMARK - RETAIL		15015464089209998		Historical	1/23/2015	1/23/2015	\$2,108.24	1/23/2015
	0000193286	008717	CAREMARK - RETAIL		15015471829411999		Historical	1/23/2015	1/23/2015	\$11.11	1/23/2015

Member Information Screen



Personal Information

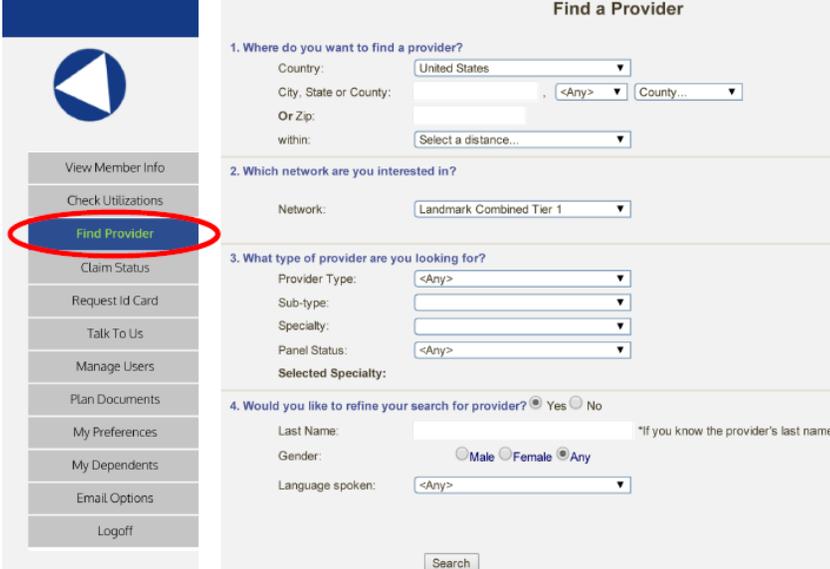
Name: CELESTE N McGriff | Address: 206 W HILL SIDE AVE SPENCER, IN 47460 US
 DOB: 07/04/1975 | Sex: Female
 Marital Status: Single | Home phone: 8126798030 | Work phone: N/A
 Email: CELESTE.McGriff@www.com | Language(s): English (Primary)

Coverage 01/01/2014

Group Name: CHC Active Wonderlab | Group Number: 100629100CHC
 Benefit Plan: SIHO Fully Insured Business | Employer Name:
 Subscriber Number: 00000306601 | Subscriber Policy Number: 000003066
 Subscriber Name: McGriff, CELESTE | Relationship: Self
 Member Number: 00000306601

Find Provider Screen

Your member ID card shows the provider network for your plan.



1. Where do you want to find a provider?
 Country: United States | City, State or County: <Any> | County: | Or Zip: | within: Select a distance...

2. Which network are you interested in?
 Network: Landmark Combined Tier 1

3. What type of provider are you looking for?
 Provider Type: <Any> | Sub-type: | Specialty: | Panel Status: <Any> | Selected Specialty:

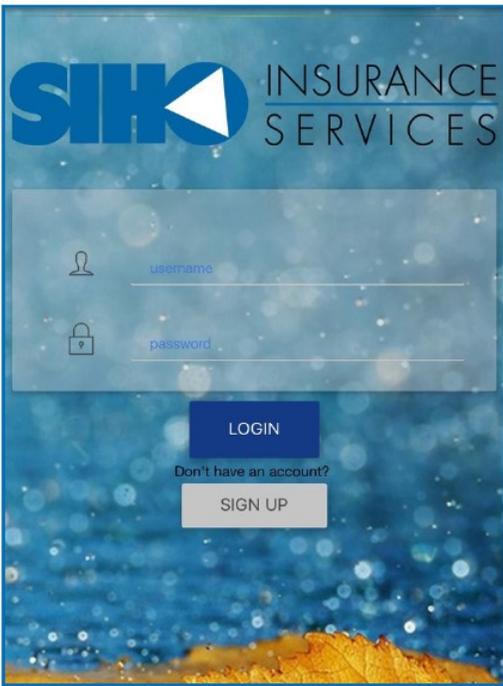
4. Would you like to refine your search for provider? Yes No
 Last Name: | Gender: Male Female Any | Language spoken: <Any>

Search

Select the Find Provider option. This will take you to the Find a Provider search page. From there you can search for providers in your network by Address, Network, Provider Type or Name.



Provider Number	Provider Last Name	Provider First Name	Facility Name	Office Address	City	State	Zip	Office Contact Phone	Specialty
08544	3ST CHOICE HEALTH & WELLNESS		3ST CHOICE HEALTH & WELLNESS	241 STATE ST STE 10	NEW ALBANY	IN	47150	(812) 943-4300	Chiropractor
121858	AZZ DME SPECIALIST INC		AZZ DME SPECIALISTS INC	115 QUARTERMASTER CT	JEFFERSONVILLE	IN	47130	(812) 725-8229	Durable Medical Equipment & Medical Supplies
113867	AAA MEDICAL SOLUTIONS INC		AAA MEDICAL SOLUTIONS INC	412 S KANE AVE STE 100	EVANSVILLE	IN	47710	(812) 424-8331	Diagnostic Radiology
116430	AARON JOSHUA	VASANTHA	IU RADIOLOGY ASSOC	581 W SOUTH ST	INDIANAPOLIS	IN	46202	(317) 821-7230	Diagnostic Radiology
079511	AASAR SAME		EVANSVILLE SURGICAL ASSOC	520 HARRY ST STE 520	EVANSVILLE	IN	47710	(812) 424-8331	Surgery
079511	AASAR SAME		DECATUR COUNTY MEMORIAL HOSPITAL	720 N Lincoln St	GREENSBURG	IN	47240		Cardiovascular Disease
079511	AASAR SAME		PARTNERS OF INDIANA LLC	720 N Lincoln St	GREENSBURG	IN	47240		Cardiovascular Disease
079511	AASAR SAME		UNIVERSITY HEALTH	720 N Lincoln St	GREENSBURG	IN	47240		Cardiovascular Disease
079511	AASAR SAME		IU HEALTH CARE ASSOCIATES INC	720 N Lincoln St	GREENSBURG	IN	47240		Cardiovascular Disease



Mobile App

Want to look up the status of a medical claim? Or email your health insurance ID Card? How about checking your eligibility information or sending a question to your health insurance provider? SIHO is excited to announce the launch of a new and improved mobile app for Android™ and iPhone. The new app features a user-friendly interface that allows you to check the status of a medical claim, access your



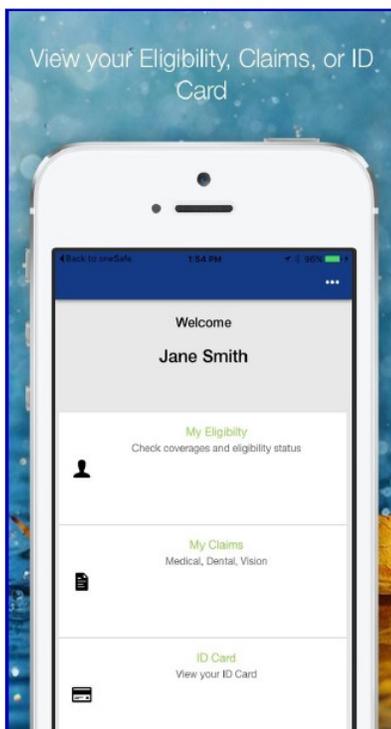
health insurance ID Card, and check eligibility information. The new app is available for FREE on Google Play and the App Store.

FEATURES

My Summary (Benefits and Coverage Information), **ID Card** (ID Card Information), **Medical Claims**, **Dental, Lab, Pharmacy Claims** (if applicable), and more.

For Apple devices, visit the Apple App Store.

For Androids, visit the Google Play Store.
Search under SIHO.



LOOK UP CLAIMS

See your recent claims—up to ten per screen. Get a detailed view of each one, or look up specific medical, dental and pharmacy claims by member name.

VIEW YOUR MEMBER ID CARD

You can view the information on the front and back of your ID Card. You can also email the card information to your provider or whomever requires it at any time.

VIEW YOUR BENEFITS AND COVERAGE INFORMATION

Until you experience it, you may never have realized how helpful it is to have your benefits and coverage information right at your fingertips.

SECURITY

You must always sign in with your **User Name** and **Password** to access the features in this app. Without that information, no one can reach your personal data. It is safe.

Discrimination is Against the Law

SIHO Insurance Services and/or the plan sponsors for which it administers employee welfare and benefits plans (“SIHO Insurance Services and/or the Plans it administers”) comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SIHO Insurance Services and/or the Plans it administers do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SIHO Insurance Services (both for itself and/or on behalf of the Plans it administers):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, please contact the Compliance Officer for SIHO Insurance Services by mail at 417 Washington Street, Columbus, IN 47201, by phone at (844) 255-7120 or TTY (800) 743-3333, or by email at Compliance@siho.org.

If you believe that SIHO Insurance Services and/or the Plans it administers have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Compliance Officer. You can file a grievance in person or by mail, or email as indicated above. If you need help filing a grievance the Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

English: ATTENTION: Our Member Services department has free language interpreter services available for non-English speakers. Call 800.443.2980 (TTY: 800.743.3333)

Spanish: ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800.443.2980 (TTY: 800.743.3333).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800.443.2980 (TTY: 800.743.3333)。

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ အခမဲ့ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ရန်ကင်း 800.443.2980 (TTY: 800.743.3333) သို့ ခေါ်ဆိုပါ။

Burmese:

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800.443.2980 (TTY: 800.743.3333).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800.443.2980 (ATS : 800.743.3333).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800.443.2980 (TTY: 800.743.3333).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800.443.2980 (TTY: 800.743.3333).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800.443.2980 (TTY: 800.743.3333)번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800.443.2980 (телетайп: 800.743.3333).

Arabic:

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800.443.2980 (رقم هاتف الصم والبكم: 800.743.3333).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800.443.2980 (TTY: 800.743.3333) पर कॉल करें।

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 800.443.2980 TDD/TTY 800.743.3333 uffrufe.

Dutch: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 800.443.2980 (TDD/TTY 800.743.3333).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800.443.2980 (TTY: 800.743.3333) 'ਤੇ ਕਾਲ ਕਰੋ।

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。

800.443.2980 (TTY: 800.743.3333) まで、お電話にてご連絡ください。

NOTES:



We know the health care decisions you make are very important. You deserve all the information you need to make the right choices for you and your family. After reviewing this benefit guide, please feel free to contact Columbus SIHO Member Services at **812-378-7070** or **Toll Free 800-443-2980** with any questions.

This brochure is for informational purposes only and it is not intended to serve as a legal interpretation of benefits. The entire provisions of benefits and exclusions are contained in the Summary Plan Document. In the event of a conflict between the Summary Plan Document and this Guide, the terms of the Summary Plan Document will prevail.

